| b. CITY (If outside corporate limits, write RURAL and give OR COUNTY) St. Louis d. FULL NAME OF (If not is begind to frastriction, give a treet address or location) d. FULL NAME OF (If not is begind to frastriction, give a treet address or location) J. S. FULL NAME OF (If not is begind to frastriction, give a treet address or location) J. S. FULL NAME OF (If not is begind to frastriction, give a treet address or location) J. S. FULL NAME OF (If not is begind to frastriction, give a treet address or location) J. S. FULL NAME OF (If not is begind to frastriction, give a treet address or location) J. S. FULL NAME OF (If not is begind to frastriction, give a treet address or location) J. S. FULL NAME OF (If not is begind to frastriction, give a treet address or location) J. S. FULL NAME OF (If not is begind to frastriction, give a treet address or location) J. S. FULL NAME OF (If not is begind to frastriction) J. S. FULL NAME OF (If not is begind to frastriction) J. S. FULL NAME OF (If not is begind to frastriction) J. S. FULL NAME OF (If not is begind to frastriction) J. S. FULL NAME OF (If not is begind to frastriction) J. S. FULL NAME OF GRORE (If not is location) J. S. FULL NAME OF GRORE (If not is location) J. S. AUTO F SIRTH | 11 | | THE DIVISION OF HE | | | 4 | ISCHA |
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| 3. NAME OF DECEASED DECEASED ALOIS DECEASED ALOIS ALOIS ALOIS S.EX O 6. COLOR OR RACE Male Male Mhite Morting May Morting Mary Most Deceased May Mary Morting Mary Most Deceased May Mary Most Deceased May Mary Most Deceased May May Morting May Mor | d. FULL NAME OF (| If not in bospital or in | | . STREET | (If rural, give location) | . 5 | 2019 |
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| S. SEX S. COLOR OR RACE 7. MARRIED. NEVER MARRIED. 8. DATE OF BIRTH May 30, 1889 Months of Days Bowel May 30, 1889 May 30, 18 | (Type or Print) | ALOIS | | FASSEL | OF DEATH | | - / |
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| COUNTRY COUNTRY COUNTRY COUNTRY | Male | Mhite | | May 30, 188 | 89 63 | | . |
| 38. FATHER'S NAME JOSEPH FASSEL JOSEPH FASSEL LOUISE FIX. IT. INFORMANT'S SIGNATURE OR NAME Estelle Fassel IT. INFORMANT'S SIGNATURE OR NAME ADDRESS TO INFORMANT'S SIGNATURE OR NAME ADDRESS IT. INFORMANT'S SIGNATURE OR NAME Estelle Fassel IT. INFORMANT'S SIGNATURE OR NAME ADDRESS TO INFORMANT'S SIGNATURE Estelle Fassel IT. INFORMANT'S SIGNATURE OR NAME ADDRESS IT. INFORMANT'S SIGNATURE OR NAME ADDRESS ADDRESS IT. INFORMANT'S SIGNATURE OR NAME Estelle Fassel IT. INFORMANT'S SIGNATURE OR NAME | 10a. USUAL OCCUPATIO done during most of workin Wholesale | N (Give kind of work patite, even if retired) | 10b. KIND OF BUSINESS OR IN- DUSTRY Iness (Proprietor | 11. BIRTHPLACE (City) St. Louis | | 12. | . CITIZEN OF W COUNTRY? |
| IS. WAS DECEASED EVER IN U. S. ARMED FORCES? IG. SOCIAL SECURITY NO. INTEGRAL OF NAME NO. III year was not dates of service) 16. CAUSE OF DEATH Later only one must per line for (a), (b), and (c) *This does not mean the smooth of diring, such and heart fellure, suffering and heart fellure, suffering and heart fellure, suffering the underlying occur last. ANTECEDENT CAUSES ARTICLE ON TOWN ID. OTHER SIGNIFICANT CONDITIONS DUE TO (c) 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (How) 22d. DATE SIGNATURE ADDRESS | | | | | | OR FIFE | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No. no. or unknown) (If yee, eive war or dates of service) 16. SOCIAL SECURITY (No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 | Joseph Fa | ssel | Louisa Fiz | <u>.</u> | Estelle Fa | ssel | |
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| Morbid conditions, if any, giving DUE TO (b) Morbid conditions, if any, giving DUE TO (c) In mans the discass, injury, or compileation which caused death. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition cousing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) COUNTY) (STATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE OF OPERATION 21d. ACCIDENT SUICIDE HOMICIDE 10f. (Month) OF INJURY 10f. (Month) OF INJURY 21c. (INJURY OCCURRED WHILE AT NOT WHILE WORK 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 22d. AUTOPS WHILE AT NOT WHILE WORK 23d. ADDRESS 23a. SIGNABURE 10f. (Degree or title) 23b. ADDRESS 24c. BURIAL, CREMA- TION, REMOVAL (Speediry) ROMIOV & DATE APP . 18 . 1953 Resurrection Cemetery St. Louis Co. Mo. 25c. Funeral Director's Signature Address Address 25c. Funeral Director's Signature Address Address 26c. Funeral Director's Signature Address Address 27c. Funeral Director's Signature Address Ad | Enter only one cause per | I. DISEASE OR CO | | certification | orrhag E | | INTERVAL BETWI ONSET AND DEA |
| Page Peter Page | the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica- | Morbid conditions rise to the above on the underlying cou | n, if any, giving DUE TO (b) Truse (a) stating use last. DUE TO (c) FICANT CONDITIONS | pertense | in | | |
| TION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21b. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE HOMICIDE 21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE I NOT WHILE WORK 21f. HOW DID INJURY OCCUR? 331 22. I hereby certify that I attended the deceased from Teo alive on Teo Of INJURY 23a. SIGNAPURE 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. NAME OF CEMETERY OR CREMATORY 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 27. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 27. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 27. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | | related to the disea | se or condition causing death. | | | | <u> </u> |
| SUICIDE HOMICIDE home, farm, factory, etreet, office bldg., etc.) | | 19b. MAJOR FINE | DINGS OF OPERATION | ~ | | 2 | 20. AUTOPSY? |
| 22. I hereby certify that I attended the deceased from 7 to 122, to 123, that I last saw the deceased from 7 to 122 m., from the causes and on the date stated above. 23a. SIGNATURE 22a. BURIAL CREMA- TION, REMOVAL (Speedty) Removal 24b. Date Apr. 18. 1953 Resurrection Cemetery St. Louis Co. Mo. 25c. Date St. Louis Co. Mo. 25c. Funeral Director's Signature Apr. 18. 1953 Resurrection Cemetery St. Louis Co. Mo. | 216. ACCIDENT SUICIDE HOMICIDE | | | 21c. (CITY, TOWN, OR T | OWNSHIP) (CC | UNTY) | (STATE) |
| alive on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS (SIGNATURE) 24c. NAME OF CEMETERY OR CREMATORY 24d COCATION City, town, or county) (SIGNATURE ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE APRIL 1953 Resurrection Cometery St. Louis Co. Mo. | OF | (Day) (Year) (| | 21f. HOW DID INJURY | OCCUR? | · · | 331X |
| 24a. BURIAL CREMA- 24b. DATE | | | | 1032, to 20 A., from the | causes and on the d | hat I last s ate stated c | aw the decea above. |
| TION REMOVAL GOOD APRIL REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS Z5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS | 23a. SIGNATURE | PXG | | 13/50 KG | oegaija | PRI | 23c. DATE SIGN 4//6/ |
| REG. (&) IT The A. Wind and house on 4000 of Warner to the | 24a. BURIAL, CREMA TION, REMOVAL (Boodle) Removal | 24b. DATE Apr.18. | .~1 | on Cemetery | St. Louis | Co. M | 0 |
| AFR In 1953 A Page A Process | DATE REC'D BY LOCAL REG APR 1 8 1953 | REGISTRAR'S S | Smith M.D. | • | | | |

Dr A & Chang danses

STATEMENT BY LICENSED EMBALMER

| | I hereby certify that the body whose name is recorded on the reverse | side of this certi | ficate was embalmed |
|-------|--|--------------------|---------------------|
| by me | e, or by | Student Embali | ner No |
| worki | ng under my personal supervision. | | _ |
| | | | 1 |

Student Signature of Student Embalser

Signed Michael W. Horrsand

Licensed Embalmer No. 4-00.7

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.